

UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

(check if this is an amendment and name has changed, and indicate change.)

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OMB APPROVAL								
OMB Number	3235-0076							
	*							
Expires:	April 30, 2008							
Estimated avera	ge burden							
hours per respor	nse:16.00							
SEC US	SE ONLY							
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	DDOGEOGE
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	□ Section 4(6) □ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATI	ON DATA JAN 0 9 2007
Enter the information requested about the issuer	
Name of Issuer check if this is an amendment and name has changed and indicated leicle Seafoods, Inc.	THOMSON
Address if Executive Offices (Number and Street, City, State, Zip Code) 4019 21 st Ave. W., Seattle, WA 98199	Telephone Number (Including Area Code) (206) 282-0988
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Processo of seafood products	(\(\text{DEC 2 6 2006 } \)
Type of Business Organization	other (please specify):
Actual of Estimated Date of Incorporation or Organization: Month Year	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee. State Filing Fee: \$ 600.00

GENERAL INSTRUCTIONS

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDE	TIFICATION DATA		
2. Enter the information requested for the follow	wing:	•		
Each promoter of the issuer, if the issu		nin the past five years;		
Each beneficial owner having the pow of the issuer:	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more	of a class of equity securities
Each executive officer and director of	corporate issuers and of co	orporate general and mana	ging partners of pa	artnership issuers: and
Each general and managing partner of			•	
	Beneficial Owner	■ Executive Officer	Director	General and/or
Check Bex(es) that Apply: Promoter		Z Zacota v Carre		Managing Partner
Full Name (Last name first, if individual)	•			•
Guhlke, Dennis				
Business or Residence Address	(Number and Street, City	, State, Zip Code)		•
4019 21st Ave. W., Seattle, WA 98199		57 p : 000	⊠ D:	General and/or
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, if individual)				
Giles, Donald M.	<u> </u>			
Business or Residence Address 4019 21 Ave. W., Seattle, WA 98199	(Number and Street, City	y, State, Zip Code)		,
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
The state of the s	·	<u> </u>		Manutant 1 maio
Full Name (Last name first, if individual) Haltiner, Fred		·		
Busines: or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
4019 21 Ave. W.: Seattle, WA 98199				<u> </u>
Check Flox(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Hill, Lawrence D.				
Business or Residence Address	(Number and Street, Cit	y, State, Zip Code)		
4019 21 Ave. W., Seattle, WA 98199			57 D:	Complementary
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				•
Leekley. Robert				
Busine is or Residence Address	(Number and Street, Cit	ly. State. Zip Code)		
4019 2 in Ave. W., Seattle, WA 98199		Executive Officer	□ Director	General and/or
Check Box(es) that Apply: Promoter	☐ Beneficial Owner			Managing Partner
Full Name (Last name first, if individual)				•
Samuelson, Gainhart		. D 7: C-1-)	 -	
Business or Residence Address	(Number and Street, Ci	ty, State, Zip Code)		
4019 21st Ave. W., Seattle, WA 98199	_ 			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Thorstenson, Robert M.				
Business or Residence Address	(Number and Street, Ci	ty. State, Zip Code)		
4019 11st Ave. W., Seattle, WA 98199			<u>,</u>	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

-		B. INFORMATION	ABOUT OFFERI	NG			
						Yes No	D
1.	Has the issuer sold, or does the issuer intend to	sell, to non-accredited inv	estors in this offering	ıg?	**********	_X	_
!	. An		•				
2.	What is the minimum investment that will be a * subject to the discretion of management	accepted from any individu	al?			\$ - 0	
					•	Yes No	٥
3.	Does the offering permit joint ownership of a					N/A	
4.	Enter the information requested for each person or similar remuneration for solicitation of pur listed is an associated person or agent of a broof the broker or dealer. If more than five (5) property forth the information for that broker or dealer	rchasers in connection wit oker or dealer registered w persons to be listed are asso	h sales of securities ith the SEC and/or v	in the offering. If a per with a state or states, list	rson to be the name		
Full N/A	Name (Last name first, if individual)	·					
	· · · · · · · · · · · · · · · · · · ·	Number and Street, City, S	State, Zip Code)			.*	
Nar	e of Associated Broker or Dealer						
Stat	es in Which Person Listed Has Solicited or Intende	s to Solicit Purchasers					
•	(Check "All States" or check individual States)			***************************************		🗀 All Si	tates
(• *		T] [DE]	[DC] [FL]	[GA]	[HI]	[ID]
[L] [IN] [IA] [KS] [KY] [LA] [N	ME] [MD]	[MA] [MI]	[MN]	[MS]	[·MO]
•		NJ] [NM] [I		[ND] [OH]	[OK] [WI]	(OR)	[PA] { PR }
	RI SC SD TN [TX] [UT] [\	/T] [VA] _	[WA] <u>[WV]</u>			_1 1 1 1
Ful	Name (Last name first, if individual)						
Bu	iness or Residence Address	(Number and Street, City,	State, Zip Code)		- 		
Nai	ne of Associated Broker or Dealer						
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Sta	es in Which Person Listed Has Solicited or Intend	ls to Solicit Purchasers					
	(Check "All States" or check individual States).		*******************************		.,	☐ AJI S	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE]	[DC] [FL]	[GA].	[HI]	
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Ful	RI] [SC] [SD] [TN] [Name (Last name first, if individual)	TX] [UT] [<u> </u>				
— Ви	siness or Residence Address	(Number and Street, City,	State, Zip Code)	<u> </u>	<u>-</u>		
						<u>.</u>	
Na	ne of Associated Broker or Dealer						
Str	tes in Which Person Listed Has Solicited or Intend	ds to Solicit Purchasers					
	(Check "All States" or check individual States)					☐ All S	States
ı			CT] [DE]	[DC] [FL]	{ GA }	[HI]	[ID]
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	S	
•	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			•
•	Type of Security	Aggregate Offering Price	;	Amount Aiready Sold
	Debt	\$ <u></u>		\$
1	Equity	\$ 779,625		\$ 655,875 <u> </u>
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	s		\$
i	Partnership Interests	\$		\$
	Other (Specify) LLC Interests	s		\$
	1	\$779,625		\$655,875
	Total	\$ <u>117,045</u>		# <u>033,013</u>
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors	4		\$ <u>655,875</u>
	Total (for filings under Rule 504 only)	<u> </u>	•	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.	. Type of		Dollar Amount
	Type of offering	Security	•	Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504		_	· \$
	Total			\$
4.	a u in a second with the issuence and distribution of the			
	Transfer Agent's Fees			\$ 0
i	Printing and Engraving Costs			\$0
			⊠	\$3000
	Legal Fees			\$0 _
	Accounting Fees			\$0 \$0
	Engineering Fees		_	
	Sales Commissions (specify finders' fees separately)			\$0
	Other Expenses (identify)			\$0
	Total		\boxtimes	\$3000

	C. OFFERING PRICE, NUMBER (OF INVESTORS, EXP	ENSES AND	USE OF PROC	EEDS	
•	b. Enter the difference between the aggregate offering Question I and total expenses furnished in response to Part C "adjusted gross proceeds to the issuer."	- Question 4.a. This di	fference is the			\$ <u>652,875</u>
5.	Indicate below the amount of the adjusted gross proceeds to to for each of the purposes shown. If the amount for any purp and check the box to the left of the estimate. The total or adjusted gross proceeds to the issuer set forth set forth in response.	ose is not known, furnis f the payments listed n	sh an estimate nust equal the		-	
				Payments to Off Directors, & Affiliates		Payments to Others
	Salaries and fees	***************************************		\$. 🗆	\$
	Purchase of real estate			\$. 🗆	\$
	Purchase, rental or leasing and installation of machinery and e	quipment		\$. 🗆	\$ <u>. </u>
;*	Construction or leasing of plant buildings and facilities			\$. 🗆	\$
į	Acquisition of other businesses (including the value of securit	ies involved in this				
	offering that may be used in exchange for the assets or securit pursuant to a merger)	ies of another issuer		\$. \square	\$
	Repayment of indebtedness			\$. 🗅	\$
	Working capital			\$		\$ <u>652,875</u>
t-	Other (specify):		□	\$. 🗆	\$
+	·					
!	:			\$. 🗆	\$
	Column Totals	[++1+4]+++++++++++++++++++++++++++++++++		\$		\$
	Total Payments Listed (column totals added)			⋈	\$ <u>652,875</u>	_
1						
—;	D.	FEDERAL SIGNATU	RE			
an	issuer has duly caused this notice to be signed by the undersigned of indertaking by the issuer to furnish to the U.S. Securities and Exchanon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	duly authorized person. If nge Commission, upon w	f this notice is fi ritten request of	led under Rule 50 its staff, the info	05, the following rmation furnish	g signature constitutes ed by the issuer to
	er (Print or Type) le Seafoods, Inc.	Mil		Date 12/18/06		
Ni	ne of Signer (Print or Type) Title of Signer	(Print or Type)				
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<u>D</u> I	HHIS I GUHLKE NICE !	SELOENT.	MANU	<u>-</u>		
	•					
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		ATTENTION			•	
Γ.	Intentional misstatements or omissions of		al criminal	violations. (S	ee 18 U.S.C.	. 1001.)

	, E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification pro-	visions Yes No X
	See Appendix, Column 5, for state respor	nse.
2.	239.500) at such times as required by state law.	
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written	request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be Exemption (ULOE) of the state in which this notice is filed and understands that the issuer c establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this no	laiming the availability of this exemption has the ourteen of
	authorized person.	
Isst	Issuer (Print or Type) cic e Seafoods, Inc.	Date 12/18/06
Nai	Name (Print or Type) Title (Print or Type)	
_	Some of the second to the seco	-NIE

Instruction:

P int the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

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			Type of security		•		ı	under State ULOE (if yes, attach		
[Intend	to sall	and aggregate		•					
. '	to non-ac		offering price		Type of	investor and		explana	tion of	
ļ	investors		offered in state		amount pur	rchased in State		waiver g	ranted)	
\		Item 1)	(Part C-Item 1)		(Part	C-Item 2)		(Part E-	Item 1)	
 		` •		Number of		Number of	}			
				Accredited		Non-Accredited		Van	No	
State	Yes	No		Investors	Amount	Investors	Amount	Yes	NO	
LAL_				·			<u> </u>	<u> </u>		
AK	x		Equity; Common; \$779,625			4	\$ 655,875		X	
AZ	å d							<u> </u>		
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MS	15	<u> </u>				<u> </u>	_			

APPENDIX

1	Intend to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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мт										
NE										
NV		1								
NH		-		,						
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1		2	3		4				5 Disqualification		
- ===	to non-a	to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
:PR											